

## Notice of Blasting In Community

Wisconsin Department of Commerce  
Safety and Buildings Division  
Inspection and  
Safety Support Section  
201 W. Washington Ave.  
P.O. Box 7302  
Madison, WI 53707-7302  
Phone: (608) 266-7529  
TDY: 1-800-947-3529  
[www.commerce.state.wi.us](http://www.commerce.state.wi.us)

- Complete and send original to Safety & Buildings.
- Send one copy to your local fire department.
- Send one copy to your local law enforcement office.
- Retain one copy for your files.

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (l)(m)].

Date Submitted:		Community Name:		County:	
Prime Contractor Name:		Blasting Contractor Name:			
Street Address:		Street Address:			
City, State, Zip:		City, State, Zip:			
Phone (include area code):		Phone (include area code):			
Fire Department Contractor Name:		Name of Blaster in Charge on Job Site:			
City:	Phone:	WI Blaster's License No.:		Class:	
Estimated Blasting Start Date:		Estimated Blasting Finish Date:			
Name and Address of Insurance Carrier Providing Blasting Coverage on this job:					
Type of Project:		Location where Explosive Used:			
Estimated Distance To:	1. Nearest Inhabited Building: Type of Building:			2. Nearest Public Highway:	
Typical Overburden Type:		Estimated Depth of Overburden:			
Type of Matting Used:					
Typical Drilling Pattern:		Typical Hole Diameter:		Estimated Hole Depth:	
Proposed Delay System:	Estimated Max lbs. per Delay:	Estimated lbs. And Type of Explosives on Job Site at Given Time:			

I will comply with Wis. Admin. Code Chapter Comm 7 Explosive Materials. (Code available at Commerce website)

FAILURE TO ADHERE TO THE ADMIN. RULES MAY BE CAUSE FOR REVOCATION OF BLASTER'S LICENSE

**Blaster's Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
**Or Authorized Representatives**